

MARK HERE FOR GUARD
OR RESERVE PRE-
ENROLLMENT →APPLICATION FOR UNIFORMED SERVICE IDENTIFICATION CARD
DEERS ENROLLMENTForm Approved
OMB No. 0704-0020
Expires Aug 31, 1990

SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)					2. SEX	3. SSN (or SN)		4. STATUS		5. BR OF SERVICE		
	6. PAY GRADE		7. RANK		8. GEN. CAT	9. TYPE OF CARD ISSUED			10. ID NO.		11. LAST UPDATE (YYYYMMDD)		12. V/I
	13. CURRENT RESIDENCE ADDRESS						14. SUPPLEMENTAL ADDRESS INFORMATION						
	15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY		19. UIC		20. HOME TELEPHONE NO. (Include Area Code)		
	21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT		26. WEIGHT		27. MEDICARE		28. MARITAL STATUS	
	29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)								32. END ELIG REASON
SECTION II DEPENDENT INFORMATION	33. NAME (Last, First, Middle)					34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.		
	38. LAST UPDATE (YYYYMMDD)		39. V/I	40. CURRENT RESIDENCE ADDRESS					41. SUPPLEMENTAL ADDRESS INFORMATION				
	42. CITY			43. STATE	44. ZIP CODE		45. COUNTRY		46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)		
	48. MBI	49. STU	50. INCAP	51. MEDICARE		52. COLOR EYES	53. COLOR HAIR	54. HEIGHT		55. WEIGHT		56. DATE OF MARRIAGE (YYYYMMDD)	
	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)								60. END ELIG REASON
	61. NAME (Last, First, Middle)					62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.		
	66. LAST UPDATE (YYYYMMDD)		67. V/I	68. CURRENT RESIDENCE ADDRESS					69. SUPPLEMENTAL ADDRESS INFORMATION				
	70. CITY			71. STATE	72. ZIP CODE		73. COUNTRY		74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)		
	76. MBI	77. STU	78. INCAP	79. MEDICARE		80. COLOR EYES	81. COLOR HAIR	82. HEIGHT		83. WEIGHT		84. DATE OF MARRIAGE (YYYYMMDD)	
	85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)								88. END ELIG REASON
SECTION III SPONSOR DECLARATION AND REMARKS	89. REMARKS (Cite legal documentation, as applicable.)											NOTARY SIGNATURE AND SEAL	
	I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII on Page 2. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)												
	90. SIGNATURE										91. DATE SIGNED (YYYYMMDD)		
SECTION IV VERIFIED BY	92. TYPED NAME (Last, First, Middle)					93. PAY GRADE		94. UNIT/COMMAND NAME					
	95. TITLE			96. UIC		97. DUTY PHONE NO.		98. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)					
	99. SIGNATURE					100. DATE VERIFIED (YYYYMMDD)							
SECTION V ISSUED BY	101. TYPED NAME (Last, First, Middle)					102. PAY GRADE		103. UNIT/COMMAND NAME					
	104. TITLE			105. UIC		106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)					
	108. SIGNATURE					109. DATE ISSUED (YYYYMMDD)							
SECTION VI RECEIPT	RECEIPT OF NEW CARD IS ACKNOWLEDGED												
	110. SIGNATURE										111. DATE SIGNED (YYYYMMDD)		

SECTION VII - PRIVACY ACT STATEMENT

AUTHORITY : 10 U.S. Code 133; Executive Order 9397, November 22, 1943 (Social Security Number).

PRINCIPAL PURPOSE : Used by applicant to apply for a Uniformed Services Identification Card.

ROUTINE USE : Used by appropriate authority to evaluate an applicant's eligibility to be issued a Uniformed Services Identification Card. Defense Enrollment Eligibility Reporting System is a routine user of information provided on this application.

DISCLOSURE : Voluntary; however, failure to complete the form may result in disciplinary or administrative action and non-enrollment in the Defense Enrollment Eligibility Reporting System.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized; i.e., medical care, exchange, commissary, and theater. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to availability of space, facilities and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Services Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

(ACT June 25, 1948, 18 U.S. Code 287, 1001)